

Commonwealth of Massachusetts

Motor Vehicle Crash Police Report

Date of Crash 02/04/2026	Time of Crash 0806 24HR	City/Town Auburn	Number Vehicles 2	Number Injured 0	Speed Limit 10	State Police Local Police MBTA Police Campus Police Other: _____
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AT INTERSECTION:

< LOCATION >

NOT AT INTERSECTION:

10
2

1 1
Route# Direction Name of Roadway/Street
At _____

895 SOUTHBIDGE ST
Route# Direction Address # Name of Roadway/Street

2 1
Route# Direction Name of Intersecting Roadway/Street
Also at Intersection with _____

7 11
Feet

N	S	E	W
---	---	---	---

 of _____ • _____ or _____
Mile Marker _____ Exit Number _____

Route# Direction Name of Intersecting Roadway/Street

Feet

N	S	E	W
---	---	---	---

 of _____ Route# _____ Intersecting Roadway/Street _____
Feet

N	S	E	W
---	---	---	---

 of _____ Landmark _____

3 Please Select One of the Following: Vehicle 1 1 #Occupants Hit/Run Moped

Crash Report ID# 26-57-AC

4 1
License # S65190752 St MA DOB/Age 10/13/1980

Reg # 7BA844 Reg Type PC Reg State MA

Sex F Lic. Class D 19 19 Lic. Restrictions B 20 CDL _____
Endorsement _____

Veh Year 2021 Veh Make CHEVROLET Veh Config. 1 21

Operator RIEL, ERIN

Owner RIEL, ANN M

Last First Middle Address 6 GLEN VIEW RD APT BSMT

Last First Middle Address 6 GLEN VIEW RD

City AUBURN State MA Zip 01501

City AUBURN State MA Zip 01501-2520

Insurance Company GOVERNMENT EMPLOYEES INSU

Vehicle Action Prior to Crash 11 22
Damaged Area Code: 5 27 27 27Vehicle Travel Direction: S E W Responding to Emergency? 2

Test Status: 28

Citation # (If Issued) _____

Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

BAC Test Result: 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Driver Contributing Code 1 25 25
Driver Distracted by 0 26 26
Towed from scene? 2 33

1 13

6 1
Please fill out for operator and all occupants involved

Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility

Operator

See Above

1 1 4 0 0 10 1

7 1
Please Select One of the Following: Vehicle 2 1 #Occupants Hit/Run Moped Vulnerable User Complete the Vulnerable User section.

License # S49814804 St MA DOB/Age 06/23/1979

Reg # 7XK242 Reg Type PC Reg State MA

Sex M Lic. Class D 19 19 Lic. Restrictions 1 20 CDL _____
Endorsement _____

Veh Year 2017 Veh Make JEEP Veh Config. 1 21

Operator RADCLIFF, THOMAS J

Owner RADCLIFF, THOMAS J

Last First Middle Address 380 MAIN ST

Last First Middle Address 380 MAIN ST

City CHERRY VALLEY State MA Zip 01611-3139

City CHERRY VALLEY State MA Zip 01611-3139

Insurance Company GOVERNMENT EMPLOYEES INSU

Vehicle Action Prior to Crash 10 22
Damaged Area Code: 5 27 27 27Vehicle Travel Direction: N E W Responding to Emergency? 2

Test Status: 28

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Type of Test: 29

Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____

BAC Test Result: 30

Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____

Susp. Alcohol: 2 31 Susp. Drug: 2 32

Driver Contributing Code 99 25 25
Driver Distracted by 99 26 26
Towed from scene? 2 33

1 14

9 2
Please fill out for operator and all occupants involved

Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility

Operator/Occupants

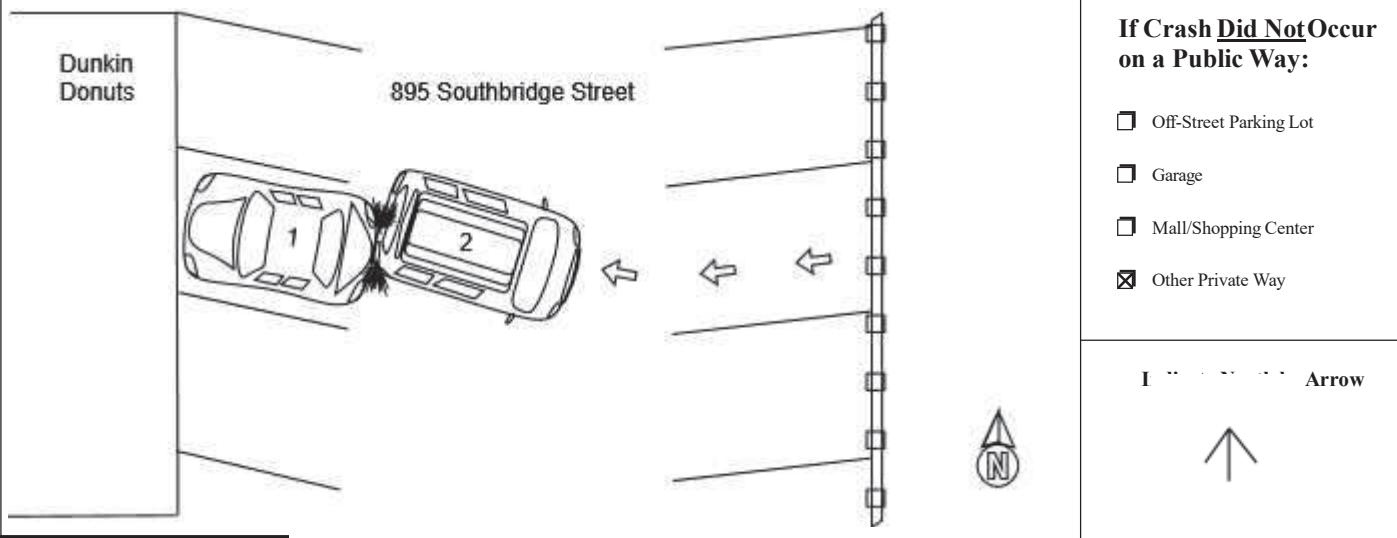
See Above

1 1 4 0 0 10 1

→ = Direction 1 = Vehicle 1 2 = Vehicle 2 ⚰ = Pedestrian ⚰ = Bicycle

Crash Diagram:

ie: → 1 → 2 → ⚰ → ⚰



If Crash Did Not Occur on a Public Way:

Off-Street Parking Lot
 Garage
 Mall/Shopping Center
 Other Private Way

I → ⚰ → ⚰ → Arrow



Crash Narrative:

Vehicle 1 was parked in a parking spot in the Dunkin Donuts parking lot. Vehicle 2 was backing out of a parking space and backed into Vehicle 1.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

Patrolman Rachel B Crowley

Police Officer Name (Please Print)

Signature

92RC

ID/Badge #

Auburn Police Department

Department

Precinct/Barracks

02/04/2026

Date